STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966836	10/30/2018
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 NATCHEZ TRACE AVENUE** **ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced relicensure survey was conducted at Cassies Castle (Lic#10948) on . . . . . The facility had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that a Agency for Health Care Administration (AHCA Form 1823) Health Assessment was completed upon a significant change, for 1 of 2 sampled residents' records reviewed (Resident#1).

The Findings Include:

On at approximately 12:30PM, a record review was completed for Resident#1 and the AHCA Form 1823 dated . . . . was reviewed. Further review revealed Resident#1 was admitted to Hospice Care on , at this time the AHCA Form 1823 was not updated to reflect to the significant change and current care needs. During this time, an opportunity was provided for the Administrator to locate a updated AHCA Form 1823.

During an interview with the Administrator on at approximately 2:30PM, he acknowledged the findings and provide no additional documentation for review.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i)

Based on record review and interview, the facility failed to conduct two facility wide elopement drills per year.

The Findings Included:

On . . . . . at approximately 12:30PM, the facility elopement drills for 2016 and 2017 were requested. The Administrator provided two elopement drills dated and . At this time the Administrator was given an opportunity to locate the documentation.

During an interview with Administrator on . . . . . at approximately 2:45PM, she acknowledged the findings and provided no additional documentation for review.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to properly dispose of expired medication, for 2 of 3 sampled residents (Resident#1 and Resident#7).

The Findings Included:

On at 9:40AM an observation was conducted and the facility medication storage cabinet. During the observation the following expired medications were found:

1) An used, unlabeled vial of HCl 1% 10mg/ml with an expiration date of .

2) Resident#7 - Gen Strips (50 Count) Glucose Testing Strips Expiration Date:

3) Resident#1- 3 Vials of 1gm. Vial#1 expiration date , Vial#2 and Vial#3 expiration date .

At this time the Staff A was questioned regarding the medication and she stated, the medications were managed and left in the cabinet by Hospice.

During an interview with the Administrator and owner on at approximately 2:30PM, they acknowledged the findings.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local Emergency Management Agency for review and approval.

The Fining's Included:

On at approximately 10:00AM, the facility approved CEMP was requested. The Administrator stated he had not submitted a CEMP for the facility. The surveyor requested the last approved CEMP. The Administrator was unable to provide the prior approval CEMP letter (for the previous year) CEMP for

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

the facility.

During a interview with Administrator on . . . . . at 10:30AM, she acknowledged the findings and provided no additional documentation for review.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to the facility failed to submit a Environmental Emergency Control Plan (EECP) to the local emergency management agency for review and approval.

The Findings Included:

On . . . . . at approximately 10:00AM, the facility EECP approval letter was requested. The owner stated the facility has not submitted a EECP plan to the local emergency management agency for approval, due to the electrical portion not being completed. The facility received an extension that expired on . At this time, the facility does not have implementation extension. No documentation was provided that documented any information regarding the EECP.

During an interview with Administrator and owner, they acknowledged the findings and provided no additional documentation for review.

Class III